Case 17-07767 Doc 39-3 Filed 05/23/19 Entered 05/23/19 15:25:07 Desc Exhibit

Debtor 1	Tamila	Louis	Smith
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court for	he: <u>NORTHERN DISTRICT C</u>	F ILLINOIS
Case Number	17-07767		
(If known)			

Che	ck if this is:
х	An amended filing
	A supplement showing post-petition
	chapter 13 income as of the following date:
	MM / DD / YYYY

## Official Form 106I

## **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe Employment							
	Fill in your employment information				Debtor 2 or non-filing spouse			
att inf	you have more than one job, tach a separate page with formation about additional nployers.	Employment status	X Employed Not employed		Employed  Not employed			
	clude part-time, seasonal, or lf-employed work.	Occupation	Pharmacy Tech					
	ccupation may Include student homemaker, if it applies.	Employers name	Loyola University					
		Employers address	2160 South First					
			Maywood, IL 6015	3				
		How long employed there?	Since 2/1/2017					
Es sp If y	Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.							
				For Debtor 1	For Debtor 2 or non-filing spouse			
	<ol> <li>List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.</li> </ol>			\$4,365.01	\$0.00			
3. <b>E</b>	stimate and list monthly overtim	ne pay.		\$0.00	\$0.00			
4. Calculate gross income. Add line 2 + line 3.				\$4,365.01	\$0.00			

 Official Form 106I
 Record # 737506
 Schedule I: Your Income
 Page 1 of 3

Case 17-07767 Doc 39-3 Filed 05/23/19 Entered 05/23/19 15:25:07 Desc Exhibit

Debtor 1 Tamila Louis Smith Case Number (if known) 17-07767

First Name

ine 4 here	4. [ 5a	\$4,365.01 \$620.45 \$0.00 \$21.67 \$0.00 \$0.00 \$0.00		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
ayroll deductions:  a, Medicare, and Social Security deductions  andatory contributions for retirement plans  untary contributions for retirement plans  quired repayments of retirement fund loans  urance  mestic support obligations  ion dues  mer deductions. Specify:	5a	\$620.45 \$0.00 \$21.67 \$0.00 \$0.00		\$0.00 \$0.00 \$0.00 \$0.00	
Medicare, and Social Security deductions Indatory contributions for retirement plans Indatory contributions for retirement plans Indianal required repayments of retirement fund loans Indianal retirement fund loans Ind	5b	\$0.00 \$21.67 \$0.00 \$0.00		\$0.00 \$0.00 \$0.00	
Medicare, and Social Security deductions Indatory contributions for retirement plans Indatory contributions for retirement plans Indianal required repayments of retirement fund loans Indianal retirement fund loans Ind	5b	\$0.00 \$21.67 \$0.00 \$0.00		\$0.00 \$0.00 \$0.00	
untary contributions for retirement plans quired repayments of retirement fund loans urance mestic support obligations ion dues mer deductions. Specify:	5c	\$21.67 \$0.00 \$0.00		\$0.00 \$0.00	
quired repayments of retirement fund loans urance mestic support obligations ion dues ner deductions. Specify:	5d. 5e. 5f.	\$0.00 \$0.00		\$0.00	
urance mestic support obligations ion dues ner deductions. Specify:	5e. 5f.	\$0.00			
mestic support obligations ion dues ner deductions. Specify:	5f.			\$0.00	
ion dues ner deductions. Specify:	_	\$0.00			
ner deductions. Specify:	5g.	Ψ0.00		\$0.00	
		\$0.00		\$0.00	
avroll deductions Add lines 5a + 5h + 5c + 5d + 5e +5f + 5g +5h	5h.	\$0.00		\$0.00	
ayron adaddione. Ada imos da v eb v ea v ea v es ver v eg ven.	6.	\$642.11		\$0.00	
total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,722.90		\$0.00	
ner income regularly received:	_				
et income from rental property and from operating a business,					
rofession, or farm					
ttach a statement for each property and business showing gross					
eceipts, ordinary and necessary business expenses, and the total					
nonthly net income.	8a. 	\$0.00		\$0.00	
nterest and dividends	8b.	\$0.00		\$0.00	
amily support payments that you, a non-filing spouse, or a	8c.	\$ 0.00		\$ 0.00	
ependent regularly receive					
nclude alimony, spousal support, child support, maintenance, divorce					
ettlement, and property settlement.					
nemployment compensation	8d. 	\$0.00		\$0.00	
ocial Security	8e. —	\$0.00		\$0.00	
ther government assistance that you regularly receive	8f. —	\$0.00		\$0.00	
nclude cash assistance and the value (if known) of any non-cash					
ssistance that you receive, such as food stamps (benefits under the					
	0.4	<b>#0.00</b>		<b>#0.00</b>	
	_				
	_				
other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9	\$375.00		\$0.00	
ate monthly income. Add line 7 + line 9.	10.	\$4.097.90 +		= 0.00	\$4,
e entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L	\$4,037.30		\$0.00	<b>\$4</b> ,
ritter of the ender of the end of the ender of the ender of the end of the	track a statement for each property and business showing gross ceipts, ordinary and necessary business expenses, and the total onthly net income.  terest and dividends  amily support payments that you, a non-filing spouse, or a spendent regularly receive clude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Inemployment compensation ocial Security  ther government assistance that you regularly receive clude cash assistance and the value (if known) of any non-cash sesistance that you receive, such as food stamps (benefits under the supplemental Nutrition Assistance Program) or housing subsidies.  Decify:	tach a statement for each property and business showing gross ceipts, ordinary and necessary business expenses, and the total conthly net income.  terest and dividends  amily support payments that you, a non-filing spouse, or a sependent regularly receive clude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Inemployment compensation  Security  ther government assistance that you regularly receive clude cash assistance and the value (if known) of any non-cash sesistance that you receive, such as food stamps (benefits under the supplemental Nutrition Assistance Program) or housing subsidies.  Decify:  Second job (\$375.00),  other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  10.  It other regular contributions to the expenses that you list in Schedule J.	tach a statement for each property and business showing gross ceipts, ordinary and necessary business expenses, and the total conthly net income.  **Receipt and dividends**  **Individends**  **	tach a statement for each property and business showing gross ceipts, ordinary and necessary business expenses, and the total centre of the treest and dividends  amily support payments that you, a non-filing spouse, or a sependent regularly receive clude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  nemployment compensation  better government assistance that you regularly receive  clude cash assistance and the value (if known) of any non-cash sesistance that you receive, such as food stamps (benefits under the supplemental Nutrition Assistance Program) or housing subsidies.  specify:  ension or retirement income  ther monthly income. Specify:  Second job (\$375.00),  other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$375.00  te monthly income. Add line 7 + line 9.  tentries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	tach a statement for each property and business showing gross ceipts, ordinary and necessary business expenses, and the total centrily net income.  **Ba.*** \$0.00

Case 17-07767 Doc 39-3 Filed 05/23/19 Entered 05/23/19 15:25:07 Desc Exhibit

B Page 3 of 6

Debtor 1 Tamila Louis Smith Case Number (if known) 17-07767

Part 3: Additional Employment Information

Debtor 1

Debtor 1

Debtor 1

Employers name Meijer
Employers address

How long employed there? 2 Years

 Official Form 106I
 Record # 737506
 Schedule I: Your Income
 Page 3 of 3

Case 17-07767 Doc 39-3 Filed 05/23/19 Entered 05/23/19 15:25:07 Desc Exhibit B Page 4 of 6

Fill in this ir	nformation to identify y	our case:				
Debtor 1	Tamila	Louis	Smith	Check if this is:		
	First Name	Middle Name	Last Name	x An amende	ŭ	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	ı <u>—</u>	ent showing post- of the following d	petition chapter 13 ate:
United States	Bankruptcy Court for the :	NORTHERN DISTRICT C	OF ILLINOIS			
Case Numbe	r17-07767		_	MM / DD / `	YYYY	
(If known)				A separate	filing for Debtor 2	2 because Debtor 2
<u>Official F</u>	orm 106J			☐ maintains a	a separate housel	hold.
Schedul	le J: Your Ex	penses				12/15
more space is every question	needed, attach another			n are equally responsible for supplyi ages, write your name and case num	_	
	Describe Your Household	1				
	Go to line 2.  Does Debtor 2 live in a  No.	separate household? st file a separate Schedu	le J.			
	have dependents?	No X Yes. Fill out	this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2			dent	Daughter	15	No
Do not s	state the dependents'			Baaginoi		X Yes
names.				Daughter	12	No X Yes
						X No
						Yes
						X No
						Yes
						X No
						Yes
expense	expenses include es of people other than f and your dependents?	X No Yes				
	Estimate Your Ongoing N					
			less you are using this for	rm as a supplement in a Chapter 13 o	case to report	
expenses as of the applicable		ruptcy is filed. If this is a	supplemental Schedule	J, check the box at the top of the form	m and fill in	
		ash government assista	nce if you know the value	)		
of such assist	tance and have included	d it on Schedule I: Your	Income (Official Form 106	61.)	Y	our expenses
	_	expenses for your resid	ence. Include first mortgaç	ge payments and		# <b>7</b> 00.00
_	t for the ground or lot.  cluded in line 4:				4	\$700.00
	eal estate taxes				4a.	\$0.00
	operty, homeowner's, or	renter's insurance			4a. 4b.	\$0.00
	ome maintenance, repair				4c.	\$50.00
	omeowner's association				4d.	\$0.00

## Case 17-07767 Doc 39-3 Filed 05/23/19 Entered 05/23/19 15:25:07 Desc Exhibit

Debtor 1 Tamila Louis Smith Page 5 of 6 Case Number (if known) 17-07767

	First Name Middle Name Last Name			
			Your expens	es
5.	Additional Mortgage payments for your residence, such as home equity loans	5.		\$0.00
6.	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.		\$200.00
	6b. Water, sewer, garbage collection	6b.		\$0.00
	6c. Telephone, cell phone, internet, satellite, and cable service	6c.		\$485.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.		\$600.00
8.	Childcare and children's education costs	8.		\$100.00
9.	Clothing, laundry, and dry cleaning	9.		\$140.00
10.	Personal care products and services	10.		\$60.00
11.	Medical and dental expenses	11.		\$150.00
12.	Transportation. Include gas, maintenance, bus or train fare.	12.		\$458.00
13.	Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books	13.		\$0.00
14.	Charitable contributions and religious donations	14.		\$0.00
15.	Insurance.			****
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.		\$0.00
	15b. Health insurance	15b.		\$0.00
	15c. Vehicle insurance	15c.		\$141.00
	15d. Other insurance. Specify:	15d.		\$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16.		\$0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.		\$629.00
	17b. Car payments for Vehicle 2	17b.		\$0.00
	17c. Other. Specify:	17c.		\$0.00
	17d. Other. Specify:	17d.		\$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted			
	from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		\$0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.		\$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.			
	20a. Mortgages on other property	20a.		\$ 0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

 Official Form 106J
 Record #
 737506
 Schedule J: Your Expenses
 Page 2 of 3

Case 17-07767 Doc 39-3 Filed 05/23/19 Entered 05/23/19 15:25:07 Desc Exhibit B. Page 6 of 6

Debtor	1 Tam	nila Louis	Smith	D	Paye 0 01 0	Case Number (if known)	17-07767	
	First N	Name Middle Name	e Last Name					
21.	Other.	Specify:					21.	\$0.00
22	Your m	onthly expense: Add lines 4 three	ough 21.				22.	\$3,713.00
	The res	ult is your monthly expenses.						
23.	Calcula	te your monthly net income.						
	23a.	Copy line 12 (your comibined	monthly income) from Sche	edule I.			23a.	\$4,097.90
	23b.	Copy your monthly expenses	from line 22 above.				23b. <b>-</b>	\$3,713.00
	23c.	Subtract your monthly expen-	ses from your monthly incom	ne.			23c.	\$384.90
		The result is your monthly ne	t income.					
24.	-	expect an increase or decrease mple, do you expect to finish pay	•	-	-			
		ge payment to increase or decrea	• •	•				
	X No				, 55	,		
	Ye	s. Explain Here:						

 Official Form 106J
 Record #
 737506
 Schedule J: Your Expenses
 Page 3 of 3